

## MANITOWOC HEALTH CARE CENTER

2021 S ALVERNO RD

MANITOWOC

54220

Phone: (920) 683-4100

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 118

Total Licensed Bed Capacity (12/31/04): 118

Number of Residents on 12/31/04: 118

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 116

County

Skilled

No

Yes

Yes

116

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		21.2
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		33.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	17.8	More Than 4 Years		44.9
Day Services	No	Mental Illness (Org./Psy)	44.1	65 - 74	16.1			-----
Respite Care	Yes	Mental Illness (Other)	29.7	75 - 84	39.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	24.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	2.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.9	65 & Over	82.2	-----		
Transportation	No	Cerebrovascular	5.9		-----	RNs		15.9
Referral Service	No	Diabetes	0.8	Gender	%	LPNs		4.6
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.5	Male	38.1	Aides, & Orderlies		
Mentally Ill	Yes	-----	-----	Female	61.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	10	10.4	146	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	8.5
Skilled Care	4	100.0	336	82	85.4	126	3	100.0	139	15	100.0	175	0	0.0	0	0	0.0	0	104	88.1
Intermediate	---	---	---	3	3.1	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	1	1.0	183	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		96	100.0		3	100.0		15	100.0		0	0.0		0	0.0		118	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	15.2	Bathing	12.7	48.3	39.0	118
Private Home/With Home Health	2.2	Dressing	23.7	43.2	33.1	118
Other Nursing Homes	15.2	Transferring	39.8	33.9	26.3	118
Acute Care Hospitals	58.7	Toilet Use	33.1	43.2	23.7	118
Psych. Hosp.-MR/DD Facilities	4.3	Eating	62.7	14.4	22.9	118
Rehabilitation Hospitals	0.0	*****				
Other Locations	4.3	Continence		%	Special Treatments	%
Total Number of Admissions	46	Indwelling Or External Catheter	7.6		Receiving Respiratory Care	11.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	44.9		Receiving Tracheostomy Care	1.7
Private Home/No Home Health	8.7	Occ/Freq. Incontinent of Bowel	37.3		Receiving Suctioning	1.7
Private Home/With Home Health	28.3				Receiving Ostomy Care	0.8
Other Nursing Homes	0.0	Mobility			Receiving Tube Feeding	1.7
Acute Care Hospitals	8.7	Physically Restrained	5.1		Receiving Mechanically Altered Diets	38.1
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	75.4
Other Locations	4.3	With Pressure Sores	5.9		Medications	
Deaths	50.0	With Rashes	2.5		Receiving Psychoactive Drugs	75.4
Total Number of Discharges (Including Deaths)	46					

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Government %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	87.2	1.13	86.9	1.13	87.7	1.12	88.8	1.11
Current Residents from In-County	98.3	54.3	1.81	80.4	1.22	70.1	1.40	77.4	1.27
Admissions from In-County, Still Residing	54.3	25.2	2.16	23.2	2.34	21.3	2.55	19.4	2.80
Admissions/Average Daily Census	39.7	55.2	0.72	122.8	0.32	116.7	0.34	146.5	0.27
Discharges/Average Daily Census	39.7	59.6	0.67	125.2	0.32	117.9	0.34	148.0	0.27
Discharges To Private Residence/Average Daily Census	14.7	21.2	0.69	54.7	0.27	49.0	0.30	66.9	0.22
Residents Receiving Skilled Care	96.6	87.1	1.11	96.9	1.00	93.5	1.03	89.9	1.07
Residents Aged 65 and Older	82.2	87.7	0.94	92.2	0.89	92.7	0.89	87.9	0.94
Title 19 (Medicaid) Funded Residents	81.4	77.9	1.04	67.9	1.20	68.9	1.18	66.1	1.23
Private Pay Funded Residents	12.7	16.8	0.76	18.8	0.68	19.5	0.65	20.6	0.62
Developmentally Disabled Residents	0.8	0.5	1.81	0.6	1.35	0.5	1.72	6.0	0.14
Mentally Ill Residents	73.7	46.5	1.59	37.7	1.96	36.0	2.05	33.6	2.19
General Medical Service Residents	8.5	21.0	0.40	25.4	0.33	25.3	0.33	21.1	0.40
Impaired ADL (Mean)	47.6	44.6	1.07	49.7	0.96	48.1	0.99	49.4	0.96
Psychological Problems	75.4	66.5	1.13	62.2	1.21	61.7	1.22	57.7	1.31
Nursing Care Required (Mean)	7.9	8.7	0.91	7.5	1.06	7.2	1.10	7.4	1.07